

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.  
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 JAN 19 PM 12:01

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ameristar PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 2

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

**FORM**

**DR-2**

(Rev. 12/2009)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

97108

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

  
SIGNATURE OF PERSON FILING REPORT

712-396-3054  
TELEPHONE

1-18-10  
DATE SIGNED

I AM FILING A 7/1/09-12/31/09

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 6,236.37

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

21,036.90

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

27,273.27

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

12,016.14

Schedule F: Loan Repayments total (Attach Schedule F)

15,257.13

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/1/09	ID# CK#	Gordon R. Kanofsky 4273 Aleman Dr. Tarzana, CA 91356-5405		\$ 4,000.00	<input type="checkbox"/>
7/8/09	ID# CK#	Larry A. Hodges 19 Snowstar Sandy UT 84092		3,000.00	<input type="checkbox"/>
7/9/09	ID# CK#	John A. Annillo 286 Bruce Dern Ave. Las Vegas, NV 8918		100.00	<input type="checkbox"/>
7/9/09	ID# CK#	Michael McKiski 742 Sandy Hook Terrace Henderson, NV 89052		250.00	<input type="checkbox"/>
7/9/09	ID# CK#	Matthew A. Miele, Jr. 11 Old Marsh Ct. Henderson, NV 89052		1,000.00	<input type="checkbox"/>
7/9/09	ID# CK#	Peter C. Walsh 1205 Prestancia Ave. Las Vegas, NV 89144-4303		2,000.00	<input type="checkbox"/>
7/17/09	ID# CK#	Larry D. Azuse 5313 Braemar Dr. Las Vegas, NV 89130-2022		250.00	<input type="checkbox"/>
7/17/09	ID# CK#	Ray Neilsen 1200 Oak Ally Edwards, MS 39066		5,000.00	<input type="checkbox"/>
8/7/09	ID# CK#	James A. Zubay 9151 W. 158th Court Lowell, IN 46356		100.00	<input type="checkbox"/>
9/1/09	ID# CK#	J. Todd Stewart 2657 Windmill Pkwy #228 Henderson, NV 89074		1,000.00	<input type="checkbox"/>
SUB-TOTAL				\$ 16,700	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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10/26/09	ID# CK#	Paul Eagleton 11120 Arbor Pine Ave. Las Vegas, NV		\$ 1,000.00	<input type="checkbox"/>
11/19/09	ID# CK#	Matthew A. Block 2804 W. 131st St. Leawood, KS 66209		105.00	<input type="checkbox"/>
11/19/09	ID# CK#	Dave L. Clark 3341 Ascona St. Las Vegas, NV 89129		140.00	<input type="checkbox"/>
11/19/09	ID# CK#	Cynthia L. Mercer 1312 Cornet St. Henderson, NV 89052		140.00	<input type="checkbox"/>
11/19/09	ID# CK#	Bob Sobczyk 289 Doe Run Circle Henderson, NV 89012		105.00	<input type="checkbox"/>
11/19/09	ID# CK#	Ryan P. Sprague 8066 Twain Harte St. Las Vegas, NV 89139		70.00	<input type="checkbox"/>
11/19/09	ID# CK#	John Lyden 2198 Julie Lane Twin Fall, ID 83301		70.00	<input type="checkbox"/>
11/19/09	ID# CK#	Kimberly A. Alexander 602 Lake Forest Dr. Vicksburg, MS 39183		60.00	<input type="checkbox"/>
11/19/09	ID# CK#	Paul Burke 103 Annandale Dr. Vicksburg, MS 39183		120.00	<input type="checkbox"/>
11/19/09	ID# CK#	Annie Jenkins 109 Robinhood Rd. Vicksburg, MS 39180		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,960	
TOTAL (If last page of this schedule)				\$	

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# **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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11/19/09	ID# CK#	Bryan A. Pratt 2740 Fox Road Vicksburg, MS 39180		\$ 130.00	<input type="checkbox"/>
11/19/09	ID# CK#	Walter L. Pugh 108 Camden Dr. Vicksburg, MS 39183		90.00	<input type="checkbox"/>
11/19/09	ID# CK#	Jens Baake 53134 230th St. Glenwood, IA 51534		85.00	<input type="checkbox"/>
11/19/09	ID# CK#	Martha J. Bell 2000 Chestnut, Box 477 Atlantic, IA 50022		165.00	<input type="checkbox"/>
11/19/09	ID# CK#	Mark D. Black 850 S. 52nd St. Omaha, NE 68106		55.00	<input type="checkbox"/>
11/19/09	ID# CK#	Kevin Davis 7675 N. Everton Ave. Kansas City, MO 64152		180.00	<input type="checkbox"/>
11/19/09	ID# CK#	Greg L. Manthei 2650 Swift Ave. #103 North Kansas City, MO 64116-3181		20.00	<input type="checkbox"/>
11/19/09	ID# CK#	Gayle L. Ezell 3029 Valley Oaks Dr. Imperial, MO 63052		70.00	<input type="checkbox"/>
11/19/09	ID# CK#	James Franke 3457 New Town Lake Drive St. Charles, MO 63301		300.00	<input type="checkbox"/>
11/19/09	ID# CK#	Elaine Hobbs 6 Emerson Court O'Fallon, MO 6336		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1195.00	
TOTAL (If last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/19/09	ID# CK#	Sherri Edwards PO Box 762 Black Hawk, CO 80422		\$ 100.00	<input type="checkbox"/>
11/19/09	ID# CK#	Reginald Fullwood 102 Morning Dew Place Highlands Ranch, CO 80126		226.90	<input type="checkbox"/>
11/19/09	ID# CK#	Peter N. Longi 706 Ridgeside Dr. Golden, CO 80401		385.00	<input type="checkbox"/>
11/19/09	ID# CK#	Michael Muskin 8737 Edison St. Crown Point, IN 46307		165.00	<input type="checkbox"/>
11/19/09	ID# CK#	Luis Rios 77 Shadeland Drive Valparaiso, IN 46383		165.00	<input type="checkbox"/>
11/19/09	ID# CK#	Matthew M. Schuffert 1306 Fawn Court Hobart, IN 46342		140.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1181.90	
TOTAL (If last page of this schedule)				\$ 21,036.90	

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FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ameristar PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/18/09	ID# CK#2536	American Gaming Association 1299 Pennsylvania Ave. NW Washington, DC 20004	support of industry issues	\$ 5000.00
8/31/09	ID# CK# 2537	Citizens for Harkin PO Box 811 Des Moines, IA 50304	sponsor for annual Steak Fry	500.00
10/26/09	ID# 9098 CK# 2538	Iowa Senate Majority Fund 5661 Fleur Drive Des Moines, IA 50321	event held 10/26/09	500.00
11/6/09	ID# 5083 CK#2539	Chet Culver Committee PO Box 6068 Des Moines, IA 50309	event/fundraiser at Omaha Press Club	1000.00
12/21/09	ID# 1385 CK#2540	McCarthy for St. Representative 5220 SE 31st Court Des Moines, IA 50320	campaign contribution	1500.00
12/21/09	ID# 564 CK#2541	Murphy for St. Representative 155 N. Grandview Ave. Dubuque, IA 52001	campaign contribution	2000.00
12/21/09	ID# 5135 CK#2542	McKinley for Senate 21884 483rd LN Chariton, IA 50049-0609	campaign contribution	500.00
12/31/09	ID# 5083 CK# 2543	Chet Culver Committee PO Box 6068 Des Moines, IA 50309	campaign contribution	1000.00
SUB-TOTAL				\$ 12000.00
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM



## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ameristar PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/1-12/31	ID# CK#	Peoples National Bank 333 W. Broadway Council Bluffs, IA 51503	6 months sales tax and FDIC premium's deducted from account	\$ 16.14
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 16.14
TOTAL (If last page of this schedule)				\$ 12016.14

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Ameristar PAC



SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12/31/09	Ameristar Casino Council Bluffs 2200 River Road Council Bluffs, IA 50022 (parent entity)		payment of PO box rental	\$ 40.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 40.00	
TOTAL (if last page of this schedule)				\$ 40.00	

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Page 1 of 1  
(for Schedule E)